STATEMENT OF ORGANI	OFFICE USE ONLY 1/3		
Name and Address of Committee Louisiana Credit Union Legislative Action Com 824 Elimenood Pk Shvd	2. Date of this Statement 01/25/2007	S/O	07 07
Sulto 200 Harahen LA 70123	3. Entimaled Membership 100	1/25	070064 ETBAS 2001 J
Check if new committee	4. Amended Statement? Year _XMo	Rec # 6140 #1145	ETHICS AND THE CAMPAGE PER PER PER PER PER PER PER PER PER PE
d. All Committee Officers and Directors (including Chairperson, Treesu	rer, If any, and any other committee		10 E
Position Nerse Chairperson Treasurer	Actions		PH 3: 00
6. Affiliated Organizatione (Any organization, other than a political committee, which directly o Name	r indirectly established, administrati ddasa	ors or financially supports this	committee.)
7. All Depositories for Committee Funds (committee funds next he dep	Assisted in our or more hands or south	-version-variables National Mark	ease see attached sheets.
	ddresa		
8. (F THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:	a. Check one: Primologi G	p) empekan Committee	case see atteched sheets.
b. Nursey of Candidate	c. Office Sought by the Cand		
			sale see attached sheets.
Name of Person Preparing Report 19. WE HERESY CERTIFY that the information contained in this ST and belief.			gase see attached sheets. of our knowledge, information
Sidney Perfeit Reduct Officers of Compatition Chairpennon	ait_	504-738-3650 Daytime Telephone Number	
Anna Cochian Come Coc	lu-	504-735-3650	

COMMITTEES WITH OVER 260 MEMBERS

The following certification is OPTIONAL and should be completed ONLY if it is applicable to your committee. Completion of this certification doubles the normal limitations on the amounts of contributions to candidates that are otherwise applicable to political committees.

WE HEREBY CERTIFY that the membership of this political committee exceeded two hundred fifty (250) members as of December 31 of the calendar year immediately preceding the date date of this STATEMENT OF ORGANIZATION. We further certify that at least two hundred fifty (250) of the members of this political committee contributed at least fifty dollars(\$50.00) to this committee during the calendar year immediately preceding the date of this Statement of Organization.

d	
Signature of Committee Chairparson	
Signature of Consumber TrickBurer, If Silv	

INSTRUCTIONS FOR COMPLETION OF STATEMENT OF ORGANIZATION

- A \$100 filling fee must accompany this form. The fee should be paid with a committee check payable to 'Campaign Finance.'
- This form must be filed every year between January 1 and January 31, subject to the following exceptions:
 - if a committee organizes after January 31, then this form must be filled within 10 days of the date of organization.
 - -if the committee organizes within 10 days prior to an election, then this form must be filed within 3 days of the date of organization.
 - -If the committee does not anticipate that it will have over \$500 in total financial activity for a particular calendar year, it is not required to file this form for that year, if it determines later in that year that it will exceed \$500 in total financial activity then this form must then be filed within 10 days.
- Committee names must comply with the following rules:
- -The name cannot be the same as or deceptively similar to the name of another political committee.
- if the committee supports only one candidate, the committee name must contain the name of that candidate.
- If the committee supports more than one candidate, the committee name cannot contain the name of an individual unless the committee name clearly reflects that the committee is not supporting or opposing only that individual.
- if the committee uses an acronym in addition to its complete name, place the acronym in parentheses after the complete
- If the committee name contains a number, spell out the number in the name and place the numerical symbol(s) in parentheses.
- Items 1-7 on the form must be completed. If the committee has no affiliated organization, then Item 8 should be marked.
 Not Applicable(N/A), Items 9 and 10 must also be completed.
- Item 8 should be completed only if this committee supports a single candidate. If this item is completed, there must be a Statement of Designation completed by the candidate or his principal campaign committee already on file with this office or accompanying this form.
- 6. Any change in this information reported on this form that occurs before the committee's next Statement of Organization is otherwise due must be reported by filing an Amended Statement of Organization within 10 days following the change. No filing fee is required for the filing of such an emendment.
- 7. A Certificate of Registration will be issued to each properly organized committee.
- 8. A committee that has over \$500 of financial activity in a calendar year and does not file a Statement of Organization is subject to fines.

 LOUISIANA BOARD OF ETHICS
- 9 Mail or hand deliver to:

SUITE 200

8404 UNITED PLAZA BLVD. BATON ROUGE, LA 70809

Affiliated Persons / Organizations	3/3	
Name and Address of Chair Person Siturey Parfait 824 Einnewood Park Sivel Suite 200 Harshan LA 70123	Candidate Information Drives Sought (include the of affice as well as perion, City, town and/or election district) Name of Political Party:	
Chairparton:	SUPPORTED C OPPOSED by the Committee	
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comer: Chairperson	
Name and Address of Treasurer Anne Cochren 824 Elimnood Park Bind Suite 200 Herehan EA 70123	Candidate information Office Sought (include title of office as wall as parish, dity, town and/or election district) Name of Political Party:	
Chairperson	SUPPORTED OPPOSED by the Committee	
Daytine Yelephone (Preparer):	Rel of AR. Org. to Country Tressurer	
Name and Address of Financial Institution Louisiana Central Credit Union 824 Ehrwood Park Blvd Suite 100 Harahan LA 70123 Chairperson:	Candidate Information Office Saucht (include title of office so year as pariet, City, town end/of election destrict) Name of Political Party: SUPPORTED OPPOSED by the Committee	
Daytine Telephone (Preparer):	Rel of Aff. Org. to Come: Depository for Committee Funds	
Name and Address of Person Preparing Report JR M Kitchens 524 Elimonod Park Blvd Suite 200	Cendidate Information Office Spuight (include title of office at well as pariety, City, town and/or election district)	
Harshen LA 70123	Number of Political Party: ☐ SUPPORTED ☐ GPPOSED by the Committee	
Chalipperson: Destine Interhous (Pressure): 504-736-3650	Rai of AR. Org. to Comm: Preparer	